



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AF
JPW

In re Application of:

David S. HAYES

Application Serial No.: 09/406,910

Examiner: Zia, Syed

Filing Date: September 24, 1999

Group Art Unit: 2131

Customer No.: 25537

Attorney Docket No.: RIC 98 054

Client Docket No.: 09710-1202

For: METHOD FOR REAL-TIME DATA AUTHENTICATION

Mail Stop AF
Alexandria, VA 22313-1450

NOTICE OF APPEAL

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner dated March 9, 2005, twice and/or finally rejecting the following claims: 1-17.

- The Fee for this Notice of Appeal (37 CFR § 1.17(b)) is **\$500.00**.
- Petition is hereby made under 37 CFR § 1.136(a) to extend the time for response to the Office Action of March 9, 2005 to and through June 6, 2005, for an extension of:
- 1 month (\$120) 2 months (\$450)
 3 months (\$1020) 4 months (\$1590) Total: \$ _____.
- Applicant claims small entity status. See 37 CFR § 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.
- Payment of \$ _____ by Credit Card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account 13-2491, including any filing fees under 37 CFR § 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR § 1.17

Respectfully submitted,

DITTHAVONG & CARLSON, P.C.

Margo Livesay, Ph.D.
Reg. No. 41,946

Date: June 6, 2005

I hereby certify that this correspondence and all correspondence identified as accompanying this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 6, 2005.

, Date: June 6, 2005

Linda V. Wiley

JUN 07 2008

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

		<i>Complete if Known</i>	
		Application Number	09/406,910
		Filing Date	September 24, 1999
		First Named Inventor	Hayes
		Examiner Name	Zia, Syed
		Customer No.	25537
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2131
TOTAL AMOUNT OF PAYMENT (\$)		(\$)	500.00
Attorney Docket No.		RIC 98 054	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 13-2491 Deposit Account Name: MCI, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
0	- 20 or HP = 0	x \$50.00	= \$ 0.00	\$360.00	_____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
0	- 3 or HP = 0	x \$200.00	= \$ 0.00	\$360.00	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number)	x \$250.00	= \$ 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal Filing Fee _____

\$500.00

SUBMITTED BY

Signature	Margo Livesay	Registration No. 41,946 (Attorney/Agent)	Telephone (703) 425-8508
Name (Print/Type)	Margo Livesay, Ph.D.		
	Date June 6, 2005		